

**WASTE MANAGEMENT
SURFACE EMISSION MONITORING
CALIBRATION AND PERTINENT DATA**

Date: 8/29/2013

Site Name: Cottonwood Hills

WEATHER OBSERVATIONS

Wind Speed: 6 MPH Wind Direction: West Barometric Pressure: 29.6

Air Temperature: 98 deg F General Weather Conditions: Clear

CALIBRATION INFORMATION

Pre-monitoring Calibration Precision Check

Procedure: Calibrate the instrument. Make a total of three measurements by alternating zero air and the calibration gas. Record the readings and calculate the average algebraic difference between the instrument reading and the calibration gas as a percentage. The calibration precision must be less than or equal to 10% of the calibration gas value.

Instrument ID: 30987664 Cal Gas Concentration: 500 ppm

Trial	Zero Air Reading	Cal Gas Reading	(Cal Gas Conc. - Cal Gas Reading)
1	0	488	12.00
2	0.18	490	10.00
3	0	497	3.00

Average Difference: 8.33

Calibration Precision = Average Difference/Cal Gas Conc. X 100%
1.7%

Post-monitoring Calibration Check

Zero Air Reading: 0.1 ppm Cal Gas Reading: 500 ppm

BACKGROUND CONCENTRATION CHECKS

Upwind Location Description: West Access Rd. Reading: 1.47 ppm

Downwind Location Description: East Access Rd. Reading: 3.61 ppm

NOTES:

No exceedances observed. No readings over 170ppm.

WASTE MANAGEMENT
SURFACE EMISSION MONITORING FORM

Site Name:

IDENTIFICATION				REPAIR	10-DAY RECHECK			REPAIR	20-DAY RECHECK			REPAIR	30-DAY RECHECK		
RECORD NO.	DATE	LOCATION	VALUE (ppmv)	DATE	DATE	TIME	VALUE (ppmv)	DATE	DATE	TIME	VALUE (ppmv)	DATE	DATE	TIME	VALUE (ppmv)
OTHER COMMENTS:															

WM00189

**WASTE MANAGEMENT
SURFACE EMISSION EXCEEDANCE
REMEDATION NOTIFICATION AND CONTROL**

Site Name:

RECORD NO.:	LOCATION:	DATE IDENTIFIED:
EXCEEDANCE VALVE (ppmv):		INSPECTOR:
INSPECTOR COMMENTS:		

LANDFILL OPERATIONS NOTIFICATION NO. 1.

NAME	INITIALS	DATE	TIME	ORGANIZATION

REMEDATION RESPONSE NO. 1

DATE:	TIME:	NAME:	INITIALS:
DESCRIPTION:			

10-DAY RECHECK

DATE	TIME	VALUE (ppmv)	NAME	INITIALS

LANDFILL OPERATIONS NOTIFICATION NO. 2.

NAME	INITIALS	DATE	TIME	ORGANIZATION

REMEDATION RESPONSE NO. 2

DATE:	TIME:	NAME:	INITIALS:
DESCRIPTION:			

20-DAY RECHECK

DATE	TIME	VALUE (ppmv)	NAME	INITIALS

REMEDATION RESPONSE NO. 3

DATE:	TIME:	NAME:	INITIALS:
DESCRIPTION:			

30-DAY RECHECK

DATE	TIME	VALUE (ppmv)	NAME	INITIALS

